

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC

ADDRESS (number and street) ▼

Two Tower Bridge

One Fayette St., Ste 475

☐ Check if different than previously reported. (ACC)

CONSHOHOCKEN

PA

19428

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00370569

3. IS THIS REPORT ☒ NEW (N) OR ☐ AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)

☐ July 15
Quarterly Report (Q2)

☐ October 15
Quarterly Report (Q3)

☐ January 31
Year-End Report (YE)

☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)

☐ Termination Report
(TER)

(b) Monthly Report Due On: ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11) (Non-Election Year Only)
☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12) (Non-Election Year Only)
☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
PRE-Election Report for the: ☐ Convention (12C) ☐ Special (12S)

Election on / / in the State of

(d) 30-Day ☒ POST-Election General (30G) ☐ Runoff (30R) ☐ Special (30S)
Report for the:

Election on / / in the State of

5. Covering Period / / through / /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. William Cruice

Signature of Treasurer Mr. William Cruice

[Electronically Filed]

Date

11

30

2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
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Only

FEC FORM 3X
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
10 18 2012 To: M M / D D / Y Y Y Y Y Y
11 26 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2012		29899.03
(b) Cash on Hand at Beginning of Reporting Period.....	29928.76	
(c) Total Receipts (from Line 19)	1755.50	29608.56
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	31684.26	59507.59
7. Total Disbursements (from Line 31)	1501.73	29325.06
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	30182.53	30182.53
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y
10 18 2012

To:

M M / D D / Y Y Y Y Y
11 26 2012

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

770.00

11355.00

(ii) Unitemized

985.50

17953.56

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

1755.50

29308.56

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

300.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

1755.50

29608.56

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

1755.50

29608.56

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

1755.50

29608.56

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	376.73	942.06
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	376.73	942.06
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	10049.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	1125.00	18334.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1501.73	29325.06
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1501.73	29325.06

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	1755.50	29608.56
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1755.50	29608.56
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	376.73	942.06
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	376.73	942.06

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC

<p>Full Name (Last, First, Middle Initial) A. Jill Adelman</p> <p>Mailing Address 68 Longwood Drive</p> <p>City Sicklerville State NJ Zip Code 08081</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Temple University Hospital Occupation Nurse</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 230.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 11 / 13 / 2012 Transaction ID : SA11AI.5591 </p> <p>Amount of Each Receipt this Period payroll deduction 20.00 </p>
<p>Full Name (Last, First, Middle Initial) B. Dawn Ali</p> <p>Mailing Address 404 Jennifer Dr.</p> <p>City Dresher State PA Zip Code 19025</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Brooke Glen Behavioral Hospita Occupation Registered Nurse</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 560.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 11 / 15 / 2012 Transaction ID : SA11AI.5592 </p> <p>Amount of Each Receipt this Period payroll contribution 10.00 </p>
<p>Full Name (Last, First, Middle Initial) C. Dawn Andonian</p> <p>Mailing Address 537 Crotzer Ave.</p> <p>City Folcroft State PA Zip Code 19032</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Mercy Fitzgerald Hospital Occupation Registered Nurse</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 425.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 11 / 05 / 2012 Transaction ID : SA11AI.5593 </p> <p>Amount of Each Receipt this Period payroll deduction 25.00 </p>
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>		55.00
<p>TOTAL This Period (last page this line number only)..... ▶</p>		

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC

<p>Full Name (Last, First, Middle Initial) A. Janis Blakely</p> <p>Mailing Address 1308 Willow Ave Apt A-2</p> <p>City Elkins Park State PA Zip Code 19027</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Temple University Hospital Occupation Nurse</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 260.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 11 / 13 / 2012</p> <p>Transaction ID : SA11AI.5594</p> <p>Amount of Each Receipt this Period 10.00</p> <p>credit card deduction</p>
<p>Full Name (Last, First, Middle Initial) B. Phyllis Brown</p> <p>Mailing Address 1727 Graham Lane</p> <p>City LaMott State PA Zip Code 19027</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Temple University Hospital Occupation Nurse</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 530.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 11 / 13 / 2012</p> <p>Transaction ID : SA11AI.5595</p> <p>Amount of Each Receipt this Period 35.00</p> <p>credit card deduction</p>
<p>Full Name (Last, First, Middle Initial) C. Susan Chadwick</p> <p>Mailing Address 4 Pin Oak Ln.</p> <p>City Horsham State PA Zip Code 19044</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Temple University Hospital Occupation Registered Nurse</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 430.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 11 / 13 / 2012</p> <p>Transaction ID : SA11AI.5596</p> <p>Amount of Each Receipt this Period 30.00</p> <p>credit card deduction</p>
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>		<p>75.00</p>
<p>TOTAL This Period (last page this line number only)..... ▶</p>		

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC

<p>Full Name (Last, First, Middle Initial) A. Mr. William Cruice</p> <p>Mailing Address 7413 Mountain Avenue</p> <p>City State Zip Code Elkins Park PA 19027</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation PASNAP Exec Director</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 360.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 11 / 06 / 2012</p> <p>Transaction ID : SA11AI.5597</p> <p>Amount of Each Receipt this Period 40.00</p> <p>payroll deduction</p>
<p>Full Name (Last, First, Middle Initial) B. Valentina Dalessandro</p> <p>Mailing Address 535 Prospect Ave</p> <p>City State Zip Code Bridgeport PA 19405</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Mercy Suburban Hospital Registered Nurse</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 11 / 19 / 2012</p> <p>Transaction ID : SA11AI.5598</p> <p>Amount of Each Receipt this Period 15.00</p> <p>payroll deduction</p>
<p>Full Name (Last, First, Middle Initial) C. Anne Marie Dallago</p> <p>Mailing Address 405 Garden Ln.</p> <p>City State Zip Code Aston PA 19014</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Mercy Fitzgerald Hospital Registered Nurse</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 220.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 11 / 05 / 2012</p> <p>Transaction ID : SA11AI.5599</p> <p>Amount of Each Receipt this Period 10.00</p> <p>payroll deduction</p>
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>		65.00
<p>TOTAL This Period (last page this line number only)..... ▶</p>		

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC

Full Name (Last, First, Middle Initial)

A. Patricia Eakin

Mailing Address 5730 Reach Street

City State Zip Code
Philadelphia PA 19120

FEC ID number of contributing
federal political committee.

C

Name of Employer
Temple University Hospital

Occupation
Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 13 / 2012

Transaction ID : SA11AI.5600

Amount of Each Receipt this Period

20.00

credit card deduction

Full Name (Last, First, Middle Initial)

B. Sherri Freeman

Mailing Address 924 Gilder Dr.

City State Zip Code
New Castle DE 19720

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mercy Fitzgerald Hospital

Occupation
Registered Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 05 / 2012

Transaction ID : SA11AI.5601

Amount of Each Receipt this Period

20.00

payroll deduction

Full Name (Last, First, Middle Initial)

C. Andrew Gaffney

Mailing Address 1000 Amber Ct.

City State Zip Code
Green Lane PA 19054

FEC ID number of contributing
federal political committee.

C

Name of Employer

PASNAP

Occupation

Staff Representative

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 06 / 2012

Transaction ID : SA11AI.5602

Amount of Each Receipt this Period

170.00

payroll deduction

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

210.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC

<p>Full Name (Last, First, Middle Initial) A. Carol Majchrowski</p> <p>Mailing Address 836 Woodbrook Lane</p> <p>City State Zip Code Plymouth Meeting PA 19462</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Brooke Glen Behavioral Hosp Nurse</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 200.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 11 / 15 / 2012 Transaction ID : SA11AI.5603 </p> <p>Amount of Each Receipt this Period 20.00</p> <p>payroll deduction</p>		
<p>Full Name (Last, First, Middle Initial) B. Teresa Marcavage</p> <p>Mailing Address 208 Indiana Avenue</p> <p>City State Zip Code Shenandoah PA 17976</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation PASNAP Staff Representative</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 330.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 11 / 06 / 2012 Transaction ID : SA11AI.5604 </p> <p>Amount of Each Receipt this Period 60.00</p> <p>payroll deduction</p>		
<p>Full Name (Last, First, Middle Initial) C. Maureen May</p> <p>Mailing Address 62 Goodwin Parkway</p> <p>City State Zip Code Sewell NJ 08080</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Temple University Hospital Nurse</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 230.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 11 / 13 / 2012 Transaction ID : SA11AI.5605 </p> <p>Amount of Each Receipt this Period 10.00</p> <p>credit card deduction</p>		
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>90.00</p>		
<p>TOTAL This Period (last page this line number only)..... ▶</p>			<p></p>		

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC

Full Name (Last, First, Middle Initial)

A. Paul Muller

Mailing Address 137 W 5th Avenue

City State Zip Code
Conshohocken PA 19428

FEC ID number of contributing
federal political committee.

C

Name of Employer

PA Assoc of Staff Nurses

Occupation

Union Rep for Nurses

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1140.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 06 / 2012

Transaction ID : SA11AI.5606

Amount of Each Receipt this Period

80.00

payroll deduction

Full Name (Last, First, Middle Initial)

B. Nancy Plummer

Mailing Address 304 Willa Rd.

City State Zip Code
Newark DE 19711

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wills Eye Hospital

Occupation

Registered Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 13 / 2012

Transaction ID : SA11AI.5607

Amount of Each Receipt this Period

20.00

credit card deduction

Full Name (Last, First, Middle Initial)

C. Emily Randle

Mailing Address 2164 N. Franklin St.

City State Zip Code
Philadelphia PA 19122

FEC ID number of contributing
federal political committee.

C

Name of Employer

Penn. Assoc. of Staff Nurses

Occupation

Communications & Gov. Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 06 / 2012

Transaction ID : SA11AI.5608

Amount of Each Receipt this Period

40.00

payroll deduction

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

140.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC

<p>Full Name (Last, First, Middle Initial) A. Jerry Silberman</p> <p>Mailing Address 805 E. Passyunk Ave.</p> <p>City Philadelphia State PA Zip Code 19147</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer PASNAP Occupation Staff Representative</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 230.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 11 / 06 / 2012 Transaction ID : SA11AI.5609</p> <p>Amount of Each Receipt this Period 20.00 payroll deduction</p>
<p>Full Name (Last, First, Middle Initial) B. Deighton Smith</p> <p>Mailing Address 6227 Sansom St</p> <p>City Philadelphia State PA Zip Code 19139</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Temple University Hospital Occupation Respiratory Therapist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 365.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 11 / 13 / 2012 Transaction ID : SA11AI.5610</p> <p>Amount of Each Receipt this Period 25.00 credit card deduction</p>
<p>Full Name (Last, First, Middle Initial) C. Mark Warshaw</p> <p>Mailing Address 422 Militia Hill Rd.</p> <p>City Fort Washington State PA Zip Code 19034</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Penn. Assoc. of Staff Nurses Occupation Staff Representative</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 425.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 11 / 06 / 2012 Transaction ID : SA11AI.5611</p> <p>Amount of Each Receipt this Period 45.00 payroll deduction</p>
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>		<p>90.00</p>
<p>TOTAL This Period (last page this line number only)..... ▶</p>		

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC

<p>Full Name (Last, First, Middle Initial) A. Jessica Weil</p> <p>Mailing Address 2411 15th Street</p> <p>City Philadelphia State PA Zip Code 19145</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer PASNAP Occupation Organizer</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 370.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 11 / 06 / 2012 Transaction ID : SA11AI.5612</p> <p>Amount of Each Receipt this Period 40.00 payroll deduction</p>
<p>Full Name (Last, First, Middle Initial) B. Susan Willoughby</p> <p>Mailing Address 69 Grist Mill Rd.</p> <p>City Glen Mills State PA Zip Code 19342</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Mercy Fitzgerald Hospital Occupation Registered Nurse</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 215.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 11 / 05 / 2012 Transaction ID : SA11AI.5613</p> <p>Amount of Each Receipt this Period 5.00 payroll deduction</p>
<p>Full Name (Last, First, Middle Initial) C.</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y</p> <p>Amount of Each Receipt this Period</p>
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p> <p>TOTAL This Period (last page this line number only)..... ▶</p>		<p>45.00</p> <p>770.00</p>

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC

Full Name (Last, First, Middle Initial)

A. PNCBank

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2012

Mailing Address 317 Fayette Street

Transaction ID : SB21B.5616

City	State	Zip Code
Conshohocken	PA	19428

Amount of Each Disbursement this Period

Purpose of Disbursement
check printing fee

001

219.36

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

B. PNCBank

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		01		2012

Mailing Address 317 Fayette Street

Transaction ID : SB21B.5617

Amount of Each Disbursement this Period

City	State	Zip Code
Conshohocken	PA	19428

Purpose of Disbursement
service charge

001

3.00

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

C. PNC Merchant Account

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2012

Mailing Address 486 Norristown Road

Transaction ID : SB21B.5618

Amount of Each Disbursement this Period

City	State	Zip Code
Blue Bell	PA	19422

Purpose of Disbursement
merchant financial adjustment

001

99.95

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►

322.31

TOTAL This Period (last page this line number only)..... ►

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SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC

Full Name (Last, First, Middle Initial)

A. PNC Merchant Account

Mailing Address 486 Norristown Road

City State Zip Code
 Blue Bell PA 19422

Purpose of Disbursement
 merchant fee

001

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
 11 / 02 / 2012

Transaction ID : SB21B.5619

Amount of Each Disbursement this Period

35.93

Full Name (Last, First, Middle Initial)

B. PNC Merchant Account

Mailing Address 486 Norristown Road

City State Zip Code
 Blue Bell PA 19422

Purpose of Disbursement
 merchant discount

001

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
 11 / 02 / 2012

Transaction ID : SB21B.5620

Amount of Each Disbursement this Period

9.29

Full Name (Last, First, Middle Initial)

C. PNC Merchant Account

Mailing Address 486 Norristown Road

City State Zip Code
 Blue Bell PA 19422

Purpose of Disbursement
 merchant interchange

001

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
 11 / 02 / 2012

Transaction ID : SB21B.5621

Amount of Each Disbursement this Period

1.25

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

46.47

368.78

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 16

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC

Full Name (Last, First, Middle Initial)

A. Friends of Paul Drucker

Mailing Address PO Box 393

City	State	Zip Code
Paoli	PA	19301

Purpose of Disbursement
campaign contribution

011

Candidate Name

Friends of Paul Drucker

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2012

Transaction ID : SB29.5625

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. Friends of Rob Teplitz

Mailing Address PO Box 60007

City	State	Zip Code
Harrisburg	PA	17106

Purpose of Disbursement
campaign contribution

011

Candidate Name

Friends of Rob Teplitz

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

State: PA

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2012

Transaction ID : SB29.5626

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C. Upper Darby Republican Campaign

Mailing Address 5035 Township Line Rd.

City	State	Zip Code
Drexel Hill	PA	19026

Purpose of Disbursement
campaign contribution

011

Candidate Name

Upper Darby Republican Campaign

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

State: PA

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2012

Transaction ID : SB29.5623

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1000.00

1000.00
